

NEW INTERN REGISTRATION INSTRUCTIONS

Intern registration can initially be applied for after *one week* of classes at an accredited college of pharmacy has been completed.

General Information

- Current/Active interns may renew after completing the first week of classes.
- Registration will expire September 30 each year. There is no grace period.
- For current South Dakota Statutes and Rules pertaining to interns, go to <https://doh.sd.gov/boards/pharmacy/>, under Quick Links, see law book link options.
- Registration fee is a one-time fee of \$40. Renewed registrations have no fee.
- Payment method – Mastercard or Visa **ONLY**. If you do not have a Mastercard or Visa, purchase a Mastercard or Visa gift card to complete the payment for the application.

You must complete the entire renewal application process from start to finish in one sitting

- Online system does not retain information entered until the application has been submitted and payment process is completed.
- Have all of your personal information (DOB, SSN, college name, expected graduation date).

Required Documents to be Uploaded if you are an out of state college of pharmacy student

- Certification of Eligibility needs to be completed and signed by your faculty representative. The document can be found at <http://doh.sd.gov/boards/pharmacy/intern.aspx>.
- Recent head or head/shoulder photo of passport quality

After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

After the registration is approved and your profile account has been set up, by logging back into your account, you will be able to do the following:

- Check application status
- Print intern registration, instructions begin on page 6
- Print a payment receipt, instructions begin on page 6
- Update personal information such as personal address and phone number on the My Profile Page under the Personal Information section. Click edit to update information, click save when complete.

Licensure status can also be verified at:

- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

Application for New Intern User Manual

Instructions:

1. Click on the link below for initiating a new Intern Registration. **Please Bookmark this page.**
<https://sdbop.igovsolution.com/initial/initial/initial.aspx?id=61>
2. Below page will open with instructions:

INTERN REGISTRATION INITIAL INSTRUCTIONS

Intern registration can initially be applied for after completing one week of classes at an accredited college of pharmacy has been completed.

General Information

- Current/Active interns may renew after completing the first week of classes and up to October 1 each year.
- Registration will expire September 30 each year. There is no grace period.
- For current Statutes and Rules pertaining to interns, go to <https://doh.sd.gov/boards/pharmacy/> Under Quick Links, see law book link options.
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After your application has been submitted, the Board will:

- Review the application
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You must log back into the account at https://sdbop.igovsolution.com/online/User_login.aspx

- To check application status
- Print registration
- Print a receipt

Application status can also be checked at:

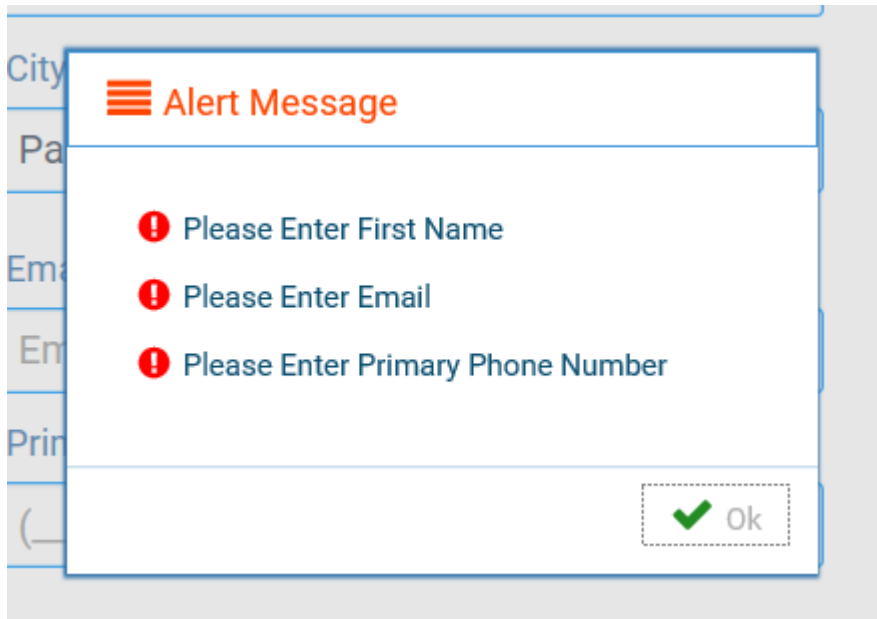
- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

Next

Be sure to read all the instructions on this screen and click on any links provided on the page for more information.

General Notes

- 1) Mandatory fields are marked with a red * in all screens and all those must be entered before clicking on next
- 2) Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
- 3) If mandatory fields are **not** entered, you will get an alert message that alerts to enter those fields like below:



Alert Message

- ❗ Please Enter First Name
- ❗ Please Enter Email
- ❗ Please Enter Primary Phone Number

✓ Ok

3. Complete application:

Click on Next button to begin the application.

* First Name <input type="text"/>	* Middle Name <input type="text"/>	* Last Name <input type="text"/>
Maiden Name <input type="text"/>		
Mailing Address		
* Address1 <input type="text"/>	Address2 <input type="text"/>	Address3 <input type="text"/>
* Zip <input type="text"/>	* City <input type="text"/>	* State <input type="text" value="Select State"/>
* County <input type="text" value="Select County"/>	* Email <input type="text"/>	* Date of Birth <input type="text" value="MM/DD/YYYY"/>
* Social Security Number <input type="text"/>	* Primary Number <input type="text" value="() - - - -"/>	Alternate Number <input type="text" value="() - - - -"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
* Name of College of Pharmacy <input type="text" value="Select College"/>		* Expected Graduation Date <input type="text" value="MM/DD/YYYY"/>
<div style="border: 1px solid red; padding: 2px;"> Current Photo <input type="button" value="Attach Document"/> </div>		
PROFESSIONAL YEAR Please select your current year (select one) * Current Professional Year <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> FPEGC		
NABP e-profile ID <input type="text" value="NABP e-profile ID"/>		
<input type="button" value="Previous"/>	<input type="button" value="Next"/>	

Enter all required information for the Intern application. You must attach a current photo as required for the application by clicking on “Attach Document” button. Then click on Next button.

AFFIRMATION

Complete the **Certification of Eligibility for Doctor of Pharmacy Candidates** form. Your faculty representative at the accredited college of pharmacy you attend needs to sign, date, and properly completed **all** information.

Intern Certification of Eligibility Form



[Previous](#)

[Next](#)

Click on “Attach Document” button to upload Certification of Eligibility form. Then click on Next to continue.

4. Review and complete:

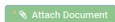
After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.

APPLICATION INPUT PREVIEW

[Home](#) [Back](#) [Forward](#)

* Name of College of Pharmacy
116-Husson College - ME

* Expected Graduation Date
05/17/2019

Current Photo
 Screenshot_1.png

PROFESSIONAL YEAR
Please select your current year (select one)

* Current Professional Year
☐ P1 ☐ P2
☐ P3 ☒ P4 ☐ FPEGC

NABP e-profile ID
terdt34643

AFFIRMATION
Complete the **Certification of Eligibility for Doctor of Pharmacy Candidates** form. Your faculty representative at the accredited college of pharmacy you attend needs to sign, date, and properly completed **all** information.

[Previous](#) [Next](#)

If everything is correct, Click on Next button to proceed to the Affirm and Submit screen:

AFFIRM AND SUBMIT

- ☒ I, the undersigned, do hereby apply to the South Dakota State Board of Pharmacy for registration as a Pharmacy Intern, as provided in the rules of the South Dakota State Board of Pharmacy.
- ☒ I understand that as a Registered Pharmacy Intern I may not perform any of the duties required of a registered pharmacist except when I am working under the continuous and personal supervision of a registered pharmacist and that my duties may not exceed those in guidelines provided by the Board.
- ☒ I also understand that should I perform any duties which I am not licensed to perform, or which exceed my educational level or if I falsely assume to be a pharmacist, or engage in any activity considered to be unprofessional conduct, I am placing my privilege of becoming a licensed pharmacist in South Dakota in jeopardy.
- ☒ I further understand that I must submit records of my internship experience on forms provided by or prescribed by the Board and that credit for internship experience will not be granted unless registration and forms describing internship experience are completed and submitted to the Board in a timely manner.
- ☒ I also understand that I am required to notify the Board within 10 days of a name or address change while I am registered as an Intern. Complete a change form found at this link:
<http://doh.sd.gov/boards/pharmacy/intern.aspx>
- ☒ I agree to abide by the South Dakota pharmacy law and the rules of the Board of Pharmacy. I declare and affirm under the penalties of perjury that this application has been completed by me, electronically signed by me, and to the best of my knowledge and belief, is in all things true and correct.


* E-Signature <input type="text" value="john smith"/>	* Date <input type="text" value="05/06/2019"/>	License Fee <input type="text" value="\$40.00"/>
* Select Debit or Credit <input type="text" value="Credit Card"/>	* Card Type <input type="text" value="Visa"/>	* Person's Name on Card <input type="text" value="john smith"/>
* Card # <input type="text" value="0283483904902830"/>	* Expiration Date (MM/YY) <input type="text" value="06/20"/>	* Security Code (3-digit number) <input type="text" value="..."/>


Please note that after you click the Submit button, you cannot make changes to your application.

- 1) Answer **ALL** of the affirmation checkboxes
- 2) Date and fee amount will be auto populated
- 3) Select "Debit / Credit"
- 4) Select Card Type (Visa or Mastercard **ONLY**)
- 5) Enter name of person that appears on card
- 6) Enter card number
- 7) Enter card expiration date (MM/YY format)
- 8) Enter card security code
- 9) Click submit
- 10) You will get confirmation number if successful

Enter your credit card information and click on Submit button to complete the application.

If you entered any invalid information, you will see a message indicating that your card was invalid.

 **Alert Message**

 **Your application wasn't successful. Credit Card Number Invalid.**

Click on Ok and reenter the correct information and click on Submit to complete the application.

If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.

After your application has been submitted, the Board will:

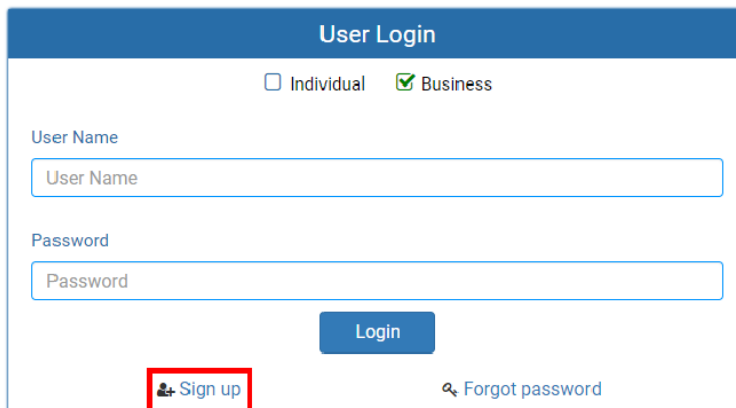
- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

After the new registration has been approved and issued:

Once the new registration is approved and issued, an Online Profile will need to be set up. This will allow the ability to print the registration and produce a receipt, if desired.

1. Click on this link to begin the process: https://sdbop.igovsolution.com/online/User_login.aspx. Click on 'Sign up'.

ONLINE PROFILE LOGIN

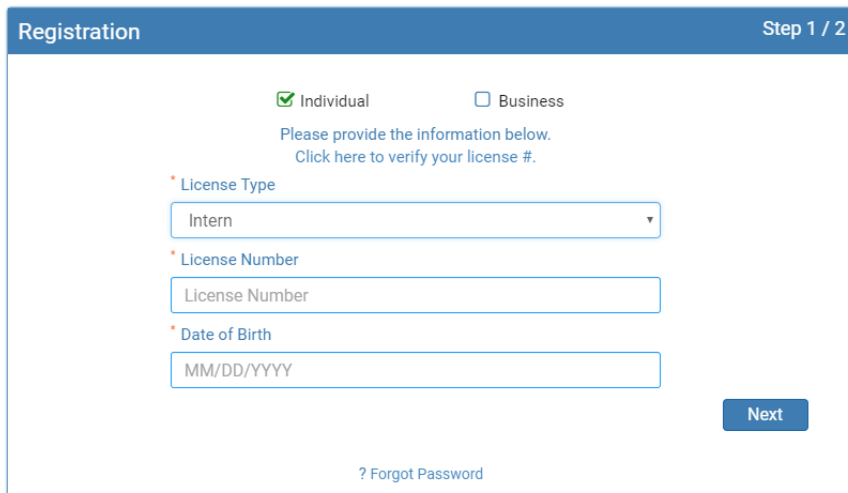


The screenshot shows a 'User Login' form. At the top, there are two radio buttons: 'Individual' (unchecked) and 'Business' (checked). Below these are two input fields: 'User Name' and 'Password'. A blue 'Login' button is positioned to the right of the password field. At the bottom left, there is a 'Sign up' link with a person icon, which is highlighted with a red rectangle. At the bottom right, there is a 'Forgot password' link with a magnifying glass icon.

2. Profile Set Up

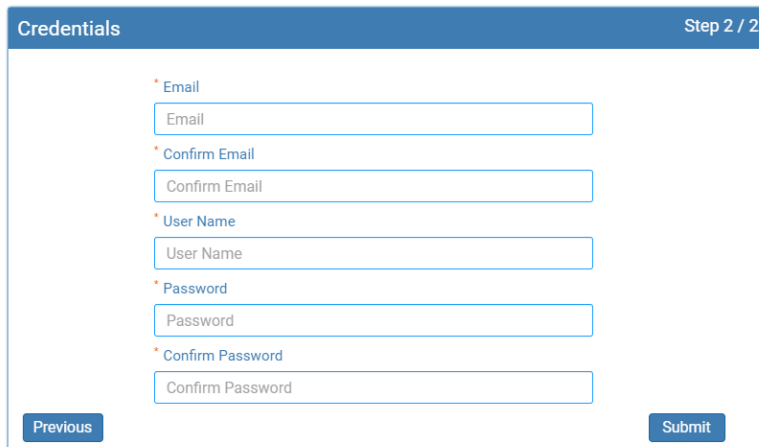
- a. After clicking on Sign Up, click the Individual box at the top.

ONLINE PROFILE REGISTRATION



- b. Select the permit type from the drop down (in this case select Intern)
- c. Enter your registration number. **Note:** Enter similar to I-1234 (Put an I, a dash, then your registration number)
- d. Enter your Date of Birth
- e. Click Next and it will take you to the Step 2-- i.e. creating your login credentials, like shown below. **Note:** Retain this information for future reference and use.

ONLINE PROFILE REGISTRATION



- f. Once user registration is successful, an e-mail will be triggered to the e-mail that you provided during your registration with a similar message to what is shown below:


 Thu 10/25/2018 5:44 PM
 SDBOP@igovsolution.com
 South Dakota Board of Pharmacy Profile Registration
 To: roy@igovsolution.com

Thank you for registering with the South Dakota Board of Pharmacy. Your user name is TestWholesaler1 and your password has been set as requested. Please do not reply to this email.



3. Profile Login:

- a. Use the User Name and password to login in on the Profile page; Once completing the Online Profile, it will take you to the Login Page as shown below
https://sdbop.igovsolution.com/online/User_login.aspx:

ONLINE PROFILE LOGIN



User Login

☐ Individual ☒ Business

User Name

Password

Login

 Sign up
 Forgot password

4. **To print the registration**, go to the Registration Information section, click on the blue 'Print' under the Certificate column.

Registration information

Type	License #	Issue Date	Exp. Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Filters	<div style="border: 1px solid red; padding: 2px; text-align: center;">Print</div>
Interim	1-0000			Current/Active			

5. **To print a receipt**, go the section Payment History section, click on the small printer under the receipt column to the right for receipt desired.

Payment History

Receipt #	Payment Method	Date Received	Payment	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	<div style="border: 1px solid red; padding: 2px; text-align: center;">Print</div>
20190731000004125	Credit Card	07/31/2019			

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